FORMS REQUIRED: FORM 1040, SCH C, SCH SE, FORM 3800, IT540, SCH E, SCH F, SCH G, SCH H

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: 1040, LINE 20A: 13456, LINE 63: 6000 (4X 1500 PAYMENT)

TAXPAYER: NAME CHANGE

NAME: LATEST L JONES SSN: 400-00-4313

DOB: 02/01/1943

DISABLED: NO

DAYTIME PHONE: 888-555-2222

NAME: AMBER JONES

DOB: 09/13/1951 DIED 12/2007

DISABLED: NO

DAYTIME PHONE:

ADDRESS: 123 MAIN STREET

METAIRIE LA 70001

FILING STATUS: QUALIFYING WIDOW

DEPENDENT DOB AGE SSN DISABLED

AMANDA JONES 050590 18 400003013 DEAF

SCHEDULE A

LINE 5: ST 1003

LINE 6: 1084

LINE 9: 2087

LINE 10: 10039

LINE 14: 10039

LINE 16: 2200

LINE 19: 2200

LINE 28: NO 14326

SCH C #1

NAME OF PROPRIETOR: L JONES SSN: 400-00-4313

LINE A: PIANO TUNING

LINE B: 811490

LINE C: FINE TUNING

LINE F: (1) CASH

LINE 1: 158578

LINE 2: 155

LINE 3: 158423

LINE 4: 54924

LINE 5: 103499

LINE 7: 103499

LINE 8: 3250

LINE 15: 1600

LINE 16B: 450

LINE 17: 1059

LINE 18: 7483

LINE 20A: 21380

LINE 20B: 2400

LINE 21: 300

LINE 22: 3650

LINE 23: 1736

LINE 24A: 1784

LINE 25: 2981

LINE 26: 16300

LINE 28: 64373

LINE 29: 39126

LINE 31: 39126

LINE 35: 9234

LINE 36: 55868

LINE 40: 65102

LINE 41: 10178

LINE 42: 54924

SCHEDULE SE SSN: 400-00-4313

LINE 2: 39126

LINE 3: 39126

LINE 4: 36133

LINE 5: 5528

LINE 6: 2764

FORM 3800

LINE 6: 762 CARRYFORWARD OF KATRINA JOB RETENTION CREDIT

FORM 6251 ELIMINATED

LA AMENDED RETURN

LA PROPERTY INSURANCE PREMIUM	1500		
LA CITIZENS INSURANCE CREDIT	246	ANYTHING	0325C897
MILITARY FAMILY ASSISTANCE FUND	10		
WILDLIFE HABITAT AND ANATURAL HERITAGE TRUST FUND	5		
LA CANCER TRUST FUND	5		
LA ANIMAL WELFARE COMMISSION	5		
COMMUNITY BASED PRIMARY HEALTH CARE FUND	5		
AMOUNT TO BE CREDITED TO 2009	100		
CREDIT CARRY FORWARD FROM 2007	789		
LA STATE EMPLOYEES RETIREMENT (05/07) 02E	21000		
ANNUAL RETIREMENT INCOME EXEMPTION 06E	5527		
TAXABLE AMOUNT OF SOCIAL SECURITY 07E	11438		
RECAPTURE OF START CONTRIBUTION	2100		
INVENTORY TAX	94		
CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES	214		
SCHEDULE INFORMATION INCLUDED IN SCRIPT			

FORM 1099-R

PAYER'S NAME, STREET ADDRESS CITY STATE AND ZIP

LASERS

6500 ESSEN

BATON ROUGE LA 70802

PAYER'S FEDERAL IDENTIFICATION NUMBER 72-8888875

RECIPIENT'S IDENTIFICATION NUMBER 400-00-4313

RECIPIENT'S NAME

LATEST L JONES

RECIPIENT'S STREET ADDRESS 123 MAIN STREET

RECIPIENT'S CITY STATE AND ZIP METAIRIE LA 70001

BOX 1: GROSS DISTRIBUTION 21000

BOX 2A: TAXABLE AMOUNT 21000

BOX 4: FEDERAL INCOME TAX WITHHELD 4200

BOX 6: NET UNREALIZED 0

BOX 7: DISTRIBUTION CODE 7

FORM 1099-R

PAYER'S NAME, STREET ADDRESS CITY STATE AND ZIP CHASE BANK

450 FLORIDA BLVD

BATON ROUGE LA 70807

PAYER'S FEDERAL IDENTIFICATION NUMBER 72-4567890

RECIPIENT'S IDENTIFICATION NUMBER 400-00-4313

RECIPIENT'S NAME

LATEST L JONES

RECIPIENT'S STREET ADDRESS 123 MAIN STREET

RECIPIENT'S CITY STATE AND ZIP METAIRIE LA 70001

BOX 1: GROSS DISTRIBUTION 5527

BOX 2A: TAXABLE AMOUNT 5527

BOX 4: FEDERAL INCOME TAX WITHHELD 1105

BOX 6: NET UNREALIZED 0

BOX 7: DISTRIBUTION CODE 7 IRA/SEP/SIMPLE X

FORM W-2G

PAYER'S NAME ADDRESS ZIP CODE HOLLYWOOD CASINO

711 HOLLYWOOD BLVD

BAY ST LOUIS MS 39500

WINNER'S NAME ADDRESS ZIP CODE LATEST L JONES

123 MAIN ST

METAIRIE LA 70001

LINE 1: 7145

LINE 2: 1429

LINE 3: SLOTS

LINE 4: 09/15/08

LINE 11: 400-00-4313

LINE 13: MS

LINE 14: 214

FORM 1040

NAME: LATEST L JONES

SSN: 400-00-4313

ADDRESS: 123 MAIN ST

METAIRIE LA 70001

FILING STATUS: QUALIFYING WIDOW

EXEMPTIONS:

NAME SSN RELATIONSHIP CHILD TAX CREDIT

AMANDA JONES 400-00-3013 DAUGHTER

LINE 12: BUSINESS INCOME 39126

LINE 15B: TAXABLE AMOUNT 5527

LINE 16B: TAXABLE AMOUNT 21000

LINE 20A: SOCIAL SECURITY BENEFITS 13456

LINE 20B: TAXABLE AMOUNT 11438

LINE 21: GAMBLING 7145

LINE 22: TOTAL INCOME 84236

LINE 27: ONE HALF SELF EMPLOYMENT 2764

LINE 36: ADD 2764

LINE 37: AGI 81472

LINE 38: AGI 81472

LINE 39A: BORN BEFORE 01/02/1944 X

LINE 40: ITEMIZED DEDUCTIONS 14326

LINE 41: SUBTRACT 67146

LINE 42: 7000

LINE 43: TAXABLE INCOME 60146

LINE 44: TAX 8216

LINE 46: ADD	8216
LATEST #11	
LINE 54: FORM 3800	762
LINE 55: TOTAL CREDITS	762
LINE 56: SUBTRACT	7454
LINE 57: SELF EMPLOYMENT TAX	5528
LINE 61: TOTAL TAX	12982
LINE 62: TAX WITHHELD	6734
LINE 63:	6000
LINE 71: TOTAL PAYMENTS	12734
LINE 75: AMOUNT YOU OWE	248

IT540

NAME CHANGE

NAME: LATEST L JONES

SSN: 400-00-4313

ADDRESS: 123 MAIN ST

METAIRIE LA 70001

FILING STATUS: QUALIFYING WIDOW

LINE 6: EXEMPTIONS

LINE 6A: YOURSELF X 65 OR OLDER X

TOTAL 6A & 6B 2

LINE 6C: DEPNEDENTS

NAME SSN RELATIONSHIP BIRTH DATE

AMANDA JONES 400-00-3013 DAUGHTER 05/05/1990

LINE 6D: TOTAL EXEMPTIONS 3

LINE 7: FEDERAL AGI SCHEDULE E 49439

LINE 8A: FEDERAL ITEMIZED DEDUCTIONS 14326

LINE 8B: FEDERAL STANDARD DEDUCTION 10900

LINE 8C: EXCESS FEDERAL ITEMIZED DEDUCTION 3426

LINE 8D: 65% EXCESS FEDERAL ITEMIZED DEDUCTION 2227

LINE 9: FEDERAL INCOME TAX X 8216

LINE 10: TAX TABLE INCOME 38992

LINE 11: INCOME TAX 855

LINE 13: EDUCATION 25

LINE 14: OTHER 339

LINE 15: TOTAL NONREFUNDABLE 364

LINE 16: ADJUSTED LA INCOME TAX	493
LINE 18: TOTAL INCOME TAX	491
LATEST #11	
LINE 22: LA CITIZENS INSURANCE CREDIT	246
LINE 23: LA PROPERTY INSURANCE CREDIT	88
LINE 24: OTHER REFUNDABLE CREDIT	94
LINE 26: AMOUNT OF CREDIT CARRIED FORWARD	789
LINE 30: TOTAL	1217
LINE 31: OVERPAYMENT	726
LINE 33: OVERPAYMENT	726
LINE 34: MILITARY FAMILY ASSISTANCE FUND	10
LINE 36: WILDLIFE HABITAT & NATURAL	5
LINE 37: LA PROSTATE CANCER TRUST	5
LINE 38: LA ANIMAL WELFARE COMMISSION	5
LINE 39: COMMUNITY BASED PRIMARY	5
LINE 40: TOTAL	30
LINE 41: SUBTOTAL	696
LINE 42: AMOUNT CREDITED TO 2009 INCOME	100
LINE 43: AMOUNT TO BE REFUNDED	696
SCHEDULE H	
LINE 1:	7454
LINE 2:	762
LINE 3:	8216